WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38352

1. PLACE OF DEATH
County Warren — Registration District No. 884 — File No.
Township Charrette — Primary Registration District No. 8176 — Registered No. 23
City Marthasville (No. ..... St. ..... Ward)

2. FULL NAME Milton Wellman
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. 5 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 27, 1930

7. AGE 40 YEARS | 3 MONTHS | 12 DAYS | If LESS than 1 day, X hrs. or X min.

8. OCCUPATION OF DECEASED 181
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER R. Wellman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Kentucky

14. INFORMANT Marie E. Sturm, R.N.
(Address) Marthasville, Mo.

15. FILED Nov 11, 1930 G C Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroner's Verdict, — Came to their unavoidable deaths by fire of unknown origin in old Seminary Building of the Emmaus Home, Marthasville, Mo., Warren Co.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John H Dyer Coroner Warren Co M. D.
Nov 11, 1930 (Address) Warrenton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Louisville Kentucky — DATE OF BURIAL: on or about Nov 16 1930

20. UNDERTAKER: Fred W Lichtenberg — ADDRESS: Marthasville Mo